

NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY

QUALITY ENHANCEMENT PROGRAM

EXEMPTION GUIDELINES

Exemption from the three-year Quality Enhancement Program (QEP) may be allowed if the practice unit has undergone a quality review, peer review or equivalent review which meets the following criteria:

1. The Peer Review Report is dated within the prior three calendar years.
2. The Report was an unqualified or “clean” opinion. (Copies of the opinion letter, acceptance letter, letter of comments and any other documentation received from reviewer and/or AICPA **must** be submitted with exemption request.)
3. The review was applicable to the practice unit’s office.
4. The review must be at least consistent with the State Board’s QEP program.
5. The practice unit must not have any unfinished action from previous QEP reviews.

All exemption requests are **subject to approval** by the Board’s QEP Committee and the Board itself. Additional information may be required and must be furnished, upon request, in support of a QEP exemption request.

NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY

NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY

P.O. Box 94725 Lincoln, NE 68509

QUALITY ENHANCEMENT PROGRAM (QEP)

REQUEST FOR EXEMPTION FROM FILING REQUIREMENT

DEADLINE FOR EXEMPTION REQUEST: MAY 1, 2008

Name of Practice Unit _____

Mailing Address _____

City, State, Zip Code _____

The above-named practice unit hereby applies to the Nebraska State Board of Public Accountancy for exemption from Board regulations (Title 288, Chapter 4-006.07) which require the submission of one copy of an audit, review and compilation report issued by each practice unit, as part of the permit renewal requirement.

“I, _____,
(managing partner/ major shareholder/ sole proprietor or CPA office manager),
hereby request this exemption on the basis that the practice unit has undergone, within the prior three calendar years, a quality review at least consistent with the Nebraska State Board’s Quality Enhancement Program.”

Date _____ Signature _____

Name or Description of Other Review Program:

_____ AICPA Peer Review program

_____ OTHER equivalent programs, please specify: _____

ATTACHED TO THIS REQUEST IS:

1. A copy of the **opinion letter** from the reviewing firm or team captain,

AND

2. A copy of the **letter of comments** and other documentation;
☐ There was not a letter of Comments.

AND

3. A copy of the **acceptance letter** from the AICPA or other administering agency.

AND

4. Letters of response from peer reviewed firm.

YOUR REQUEST WILL NOT BE CONSIDERED WITHOUT ALL OF THE ABOVE ITEMS AND THIS COMPLETED, SIGNED REQUEST.

THE BOARD RESERVES THE RIGHT TO ACCEPT OR DENY ANY REQUEST FOR EXEMPTION. You will be notified if the Board has rejected your request, or if it requires additional information. You may be required to submit additional information in support of your request.